

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101561,140

FILING DATE

12-19-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5						
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11						
12						
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14						
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17						
18		1				
19			1			
20		1				
21						
22		1				
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27						
28						
29						
30						
31	1					
32	1					
33		1	-			
34		1	-			
35		1	-			
36		1	-			
37		1	-			
38		1	-			
39		1	-			
40		1	-			
41		1	-			
42		1	-			
43		1	-			
44		1	-			
45		1	-			
46		1	-			
47		1	-			
48		1	-			
49		1	-			
50		1	-			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			5		↓	↓
TOTAL DEP.			64		←	←
TOTAL CLAIMS			69			